

*Make Sure Rec. is ALK
Info Here.*

AO 240 (Rev. 10/03)

OCT -5 2006

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

UNITED STATES DISTRICT COURT

District of _____

Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

06-cv 435 Gms

Defendant

I, *Lup L. Delaranda* declare that I am the (check appropriate box)☒ petitioner/plaintiff/movant☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | | |
|---|---|--|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

*SOCIAL SECURITY
DISABILITY*

*\$1,200.00 Per MONTH
B. US 2,100.00 Per MONTH.*

AO 240 Reverse (Rev. 10/03)

4. Do you have any cash or checking or savings accounts?

☐ Yes☒ No

If "Yes," state the total amount.

Zero

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?

☒ Yes☐ No

If "Yes," describe the property and state its value.

1- CAR VALUE \$2,000.00
 Mob. Leasing VALUE \$30,000.00

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

Wife / MARRIAGE
 NOTHING

I declare under penalty of perjury that the above information is true and correct.

10 4 06

Date

Joseph L. Caluandro

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF DELAWARE

JOSEPH L. D'ALESSANDRO and)	
OLGA D'ALESSANDRO,)	
)	
Plaintiffs,)	
)	
v.)	Civil Action No. 06-435-GMS
)	
STATE OF DELAWARE, et al.,)	
)	
Defendants.)	

ORDER

On July 27, 2006, the plaintiffs were ordered, within thirty days from the date of the order, to file with the court a complete Application to Proceed without Prepayment of Fees and Affidavit and return the application or face dismissal. (D.I. 6.) Joseph D'Alessandro timely filed the Application to Proceed without Prepayment of Fees and Affidavit, and it indicates that he receives disability or workers compensation payments. (D.I. 8.) The form requires the applicant to describe the source of money, the amount received and what Joseph D'Alessandro expects he will continue to receive. Joseph D'Alessandro did not provide this information.

Olga D'Alessandro did not comply with the court's order as she did not submit an Application to Proceed without Prepayment of Fees and Affidavit.

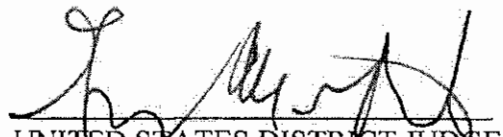
IT IS THEREFORE ORDERED THAT:

1. Joseph D'Alessandro shall, within twenty-one days from the date of this order, either: (1) submit a **complete** Application to Proceed without Prepayment of Fees and Affidavit and return the application, or (2) pay in full the \$350.00 filing fee.
2. Olga D'Alessandro is dismissed as a plaintiff in this action for failure to submit an

Application to Proceed without Prepayment of Fees and Affidavit as ordered by the court.

3. The motion to dismiss plaintiff Olga D'Alessandro (D.I. 9) filed by Joseph D'Alessandro is DENIED as moot. Joseph D'Alessandro is not an attorney. He is placed on notice that future filings by him on behalf of others will be stricken and not considered.

Failure to timely comply with this order shall result in the dismissal without prejudice of the plaintiff, Joseph D'Alessandro. No extensions will be allowed.


UNITED STATES DISTRICT JUDGE

September 29, 2006
Wilmington, Delaware

